FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES IN | BENEFICIAL C | WNERSHIP |
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| OMB APPRO | VAL |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Ortiz Guillermo | | | | | | 2. Issuer Name and Ticker or Trading Symbol Weatherford International plc [WFT] | | | | | | | | | | Check a | | plicable) | | Person(s) to Issuer | | |
|--|--|----------|---|---|-------|---|-----------------------------|------|--------------------------------------|---------------|---|---|--------------------------------|---|----------------------|---|---|------------------------------------|---|---|--|--|
| | DE LA RI | | ORMA #1230, I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/25/2015 Officer (give title below) Other (specify below) | | | | | | | | | | | | | | | | |
| COL. CRUZ MANCA (Street) CUAJIMALPA O5 05300 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | | Execution Date, | | , Tr | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | 5. Amount of Securities Beneficially Dwned Following Reported | | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | C | ode \ | , | Amount | (| (A) or (D) | Pric | , т | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Ordinary | Shares | | | | 09/25 | 5/2015 | /2015 | | | | A | | 12,00 | 0 | A | \$(| 91,262 | | 1,262 | | D | |
| Ordinary Shares 09/27/ | | | | | | 7/2015 | /2015 | | | | F(2) | | 800 | | D \$8 | | 8.7 9 | | 90,462 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercis Price of Derivative Security | on se | 3. Transaction Date Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | ı of | | 5. Date Exercis Expiration Date Month/Day/Yea | | • | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Pric Deriva Securi (Instr. | ivative curity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Cod | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | Expiration Date | Amour or Numbe of Title Shares | | nber | | | | | | | |

Explanation of Responses:

- 1. Transaction was a grant of restricted share units and therefore has no price. The units are scheduled to vest on September 25, 2016.
- 2. Transaction was a withholding of a portion of vested restricted share units to satisfy the reporting person's tax withholding obligations upon vesting, pursuant to the award agreement and associated equity incentive plan under which the award was granted.

Remarks:

<u>Charity R. Kohl, by Power of Attorney</u>

09/28/2015

** Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.